

STATE'S EXHIBIT NO. 2

BROWNSVILLE POLICE DEPARTMENT

600 East Jackson Street
Brownsville, Texas 78520
(956) 548-7000 - 911 Emergency

☒ OFFENSE Report Call Number: 1042814 Date: 4-19-12

☐ INCIDENT Report Disposition: Arrest

CHARGE(S): Indecent Exposure x 2

Indecency with a child x 2

Family Violence? ☐ Yes ☒ No

OFFENSE / INCIDENT

Earliest Date Occurred: 4-19-12 Time: 5:12 am/pm Latest Date Occurred: 4-19-12 Time: 5:18 am/pm Time Dispatched: 5:22 am/pm

Location of Occurrence (Specific location type—Jewelry Store, Apartment, Public Street, etc.): Hotel Room

Address Number 912 ☐ ☐ ☒ ☐ Street Name Washington SUAv/Rd ST Apt/Sie 33 City Brownsville County Cameron State TX Zip Code 78520

Investigating Officer (PRINT) S. Sanchez Employee No 4793 CID Assigned _____ Employee No _____ Date Assigned _____

☒ Victim ☒ Complainant ☐ Witness Last Name or Name of Business Smith First Name Esmeralda Middle Name _____ Jr/Sr/Etc _____

Address Number 912 ☐ ☐ ☒ ☐ Street Name Washington SUAv/Rd ST Apt/Sie 33 City Brownsville State TX Zip Code 78520

Race ☐ Male ☒ Female Date of Birth 5-23-83 Age 28 ☐ Married ☒ Divorced ☐ Single ☐ Widowed Relationship to Suspect none Injured? ☐ Yes ☒ No Describe injury and weapon used none

Home Telephone (956) 504-2901 Business Telephone _____ Place of Employment _____ Occupation _____

☒ Victim ☒ Complainant ☐ Witness Last Name or Name of Business Smith First Name Haley Middle Name _____ Jr/Sr/Etc _____

Address Number 912 ☐ ☐ ☒ ☐ Street Name Washington SUAv/Rd ST Apt/Sie 33 City Brownsville State TX Zip Code 78520

Race ☐ Male ☒ Female Date of Birth 9-27-01 Age 10 ☐ Married ☐ Divorced ☐ Single ☐ Widowed Relationship to Suspect none Injured? ☐ Yes ☒ No Describe injury and weapon used none

Home Telephone (956) 504-2901 Business Telephone _____ Place of Employment _____ Occupation _____

☒ Victim ☒ Complainant ☐ Witness Last Name or Name of Business Smith First Name Destiny Middle Name _____ Jr/Sr/Etc _____

Address Number 912 ☐ ☐ ☒ ☐ Street Name Washington SUAv/Rd ST Apt/Sie 33 City Brownsville State TX Zip Code 78520

Race ☐ Male ☒ Female Date of Birth 6-10-05 Age 6 ☐ Married ☐ Divorced ☐ Single ☐ Widowed Relationship to Suspect none Injured? ☐ Yes ☒ No Describe injury and weapon used none

Home Telephone (956) 504-2901 Business Telephone _____ Place of Employment _____ Occupation _____

☒ Suspect ☐ Missing ☐ Runaway Last Name or Name of Business Hess First Name Scott Middle Name William Jr/Sr/Etc _____

Address Number 912 ☐ ☐ ☒ ☐ Street Name Washington SUAv/Rd ST Apt/Sie 40 City Brownsville State TX Zip Code 78520

Home Telephone (956) 266-3910 ☒ DL ☐ ID State TX Number 1573 5426 ☐ Married ☐ Divorced ☐ Single ☐ Widowed Place of Birth Michigan Aliases _____

Race ☐ Male ☒ Female Date of Birth 7-20-62 Age 49 Height 6'3" Weight 200 Hair Gray Eyes Brown Complexion Light ☐ English Only ☐ Spanish Only ☐ Bilingual Describe any injuries _____

Clothing Description Blue shirt / khaki shorts Scars Marks Tattoos Etc _____

☐ Suspect ☐ Missing ☐ Runaway Last Name or Name of Business _____ First Name _____ Middle Name _____ Jr/Sr/Etc _____

Address Number _____ ☐ ☐ ☐ ☐ Street Name _____ SUAv/Rd _____ Apt/Sie _____ City _____ State _____ Zip Code _____

Home Telephone _____ ☐ DL ☐ ID State _____ Number _____ ☐ Married ☐ Divorced ☐ Single ☐ Widowed Place of Birth _____ Aliases _____

Race ☐ Male ☐ Female Date of Birth _____ Age _____ Height _____ Weight _____ Hair _____ Eyes _____ Complexion _____ ☐ English Only ☐ Spanish Only ☐ Bilingual Describe any injuries _____

Clothing Description _____ Scars Marks Tattoos Etc _____

Vehicle Information <input type="checkbox"/> Suspect <input type="checkbox"/> Victims'/Complainants' <input type="checkbox"/> Stolen <input type="checkbox"/> Burglarized <input type="checkbox"/> Recovered <input type="checkbox"/> Damaged <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Repossessed <input type="checkbox"/> Impounded <input type="checkbox"/> Other: _____ AUTO THEFT INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No ANTI-THEFT DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE: <input type="checkbox"/> Alarm <input type="checkbox"/> Steering Wheel Bar <input type="checkbox"/> Other: _____ Owner: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____							
<input type="checkbox"/> Passenger Car	Make	Model	Year	Operator's Name	License Plate	State	Year
<input type="checkbox"/> Truck <input type="checkbox"/> Trailer	Vehicle Identification Number		Color (top)	Color (center)	Color (bottom)	Special Features	
Style (2dr, 4dr, etc.)							

Vehicle Information <input type="checkbox"/> Suspect <input type="checkbox"/> Victims'/Complainants' <input type="checkbox"/> Stolen <input type="checkbox"/> Burglarized <input type="checkbox"/> Recovered <input type="checkbox"/> Damaged <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Repossessed <input type="checkbox"/> Impounded <input type="checkbox"/> Other: _____ AUTO THEFT INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No ANTI-THEFT DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE: <input type="checkbox"/> Alarm <input type="checkbox"/> Steering Wheel Bar <input type="checkbox"/> Other: _____ Owner: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____							
<input type="checkbox"/> Passenger Car	Make	Model	Year	Operator's Name	License Plate	State	Year
<input type="checkbox"/> Truck <input type="checkbox"/> Trailer	Vehicle Identification Number		Color (top)	Color (center)	Color (bottom)	Special Features	
Style (2dr, 4dr, etc.)							

PROPERTY CODES: S=Stolen R=Recovered L=Lost F=Found D=Damaged E=Evidence O=Other:

Code	Quantity	Item Brand Name (Make and Model)	Description (Color, size, etc.)	Serial Number	Value	Recovered Value

Summary of Incident

Dispatched to said location in reference to an Incident Exposure.

Reporting Officer: <u>[Signature]</u>	Employee No: <u>4793</u>	Supervisor: <u>[Signature]</u>	Employee No: <u>4483</u>	Date Approved: <u>8/19/12</u>
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The information I have provided is true and correct to the best of my knowledge. I ☐ DID ☒ DID NOT give anyone permission to commit this/these offenses against me and/or property in my control.

Furthermore, I ☒ DO ☐ DO NOT want criminal charges to be filed against anyone found to be involved in this incident.

Victim/Complainant Signature: [Signature]Date: 4-19-12☐ Victim/Complainant refused to sign report.

BROWNSVILLE POLICE DEPARTMENT

600 East Jackson Street
Brownsville, Texas 78520
(956) 548-7000 - 911 Emergency

☒ **OFFENSE Report** Call Number: 154 2819 Date: 4-19-12
☐ **INCIDENT Report** Disposition: Arrest
CHARGE(S): Indecent Exposure x 2
Indecency with a child Exposes x 2

 Family Violence? ☐ Yes ☒ No
OFFENSE / INCIDENT
 Earliest Date Occurred: 4-19-12 Time: _____ am/pm Latest Date Occurred: 4-19-12 Time: _____ am/pm Time Dispatched: _____ am/pm

 Location of Occurrence (Specific location type—Jewelry Store, Apartment, Public Street, etc.): Hotel Room

Address Number <u>912</u>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> N S E W	Street Name <u>Washington</u>	St/Av/Rd <u>ST</u>	Apt/Ste <u>40</u>	City <u>Brownsville</u>	County <u>Cameron</u>	State <u>TX</u>	Zip Code <u>78520</u>
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Investigating Officer (PRINT) <u>S. Sanchez</u>	Employee No. <u>4793</u>	CID Assigned	Employee No.	Date Assigned
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<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Complainant <input checked="" type="checkbox"/> Witness	Last Name or Name of Business <u>Flores</u>	First Name <u>Angel</u>	Middle Name	Jr/Sr/Etc
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Address Number <u>912</u>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> N S E W	Street Name <u>Washington</u>	St/Av/Rd <u>ST</u>	Apt/Ste <u>44</u>	City <u>Brownsville</u>	State <u>TX</u>	Zip Code <u>78520</u>
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Race <u>W</u>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth <u>4-3-75</u>	Age <u>37</u>	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Relationship to Suspect <u>None</u>	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Describe injury and weapon used <u>none</u>
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Home Telephone <u>(956) 465-5533</u>	Business Telephone	Place of Employment	Occupation
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<input type="checkbox"/> Victim <input type="checkbox"/> Complainant <input type="checkbox"/> Witness	Last Name or Name of Business	First Name	Middle Name	Jr/Sr/Etc
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Address Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N S E W	Street Name	St/Av/Rd	Apt/Ste	City	State	Zip Code
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Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Relationship to Suspect	Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe injury and weapon used
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Home Telephone	Business Telephone	Place of Employment	Occupation
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<input type="checkbox"/> Victim <input type="checkbox"/> Complainant <input type="checkbox"/> Witness	Last Name or Name of Business	First Name	Middle Name	Jr/Sr/Etc
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Address Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N S E W	Street Name	St/Av/Rd	Apt/Ste	City	State	Zip Code
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Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Relationship to Suspect	Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe injury and weapon used
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Home Telephone	Business Telephone	Place of Employment	Occupation
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<input type="checkbox"/> Suspect <input type="checkbox"/> Missing <input type="checkbox"/> Runaway	Last Name or Name of Business	First Name	Middle Name	Jr/Sr/Etc
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Address Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N S E W	Street Name	St/Av/Rd	Apt/Ste	City	State	Zip Code
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Home Telephone	<input type="checkbox"/> DL <input type="checkbox"/> ID	State	Number	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Place of Birth	Aliases
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Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Height	Weight	Hair	Eyes	Complexion	<input type="checkbox"/> English Only <input type="checkbox"/> Spanish Only <input type="checkbox"/> Bilingual	Describe any injuries
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Clothing Description	Scars Marks Tattoos Etc
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<input type="checkbox"/> Suspect <input type="checkbox"/> Missing <input type="checkbox"/> Runaway	Last Name or Name of Business	First Name	Middle Name	Jr/Sr/Etc
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Address Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N S E W	Street Name	St/Av/Rd	Apt/Ste	City	State	Zip Code
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Home Telephone	<input type="checkbox"/> DL <input type="checkbox"/> ID	State	Number	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Place of Birth	Aliases
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Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Height	Weight	Hair	Eyes	Complexion	<input type="checkbox"/> English Only <input type="checkbox"/> Spanish Only <input type="checkbox"/> Bilingual	Describe any injuries
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Clothing Description	Scars Marks Tattoos Etc
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Vehicle Information <input type="checkbox"/> Suspect <input type="checkbox"/> Victims'/Complainants' <input type="checkbox"/> Stolen <input type="checkbox"/> Burglarized <input type="checkbox"/> Recovered <input type="checkbox"/> Damaged <input type="checkbox"/> Improperly Parked							
<input type="checkbox"/> Repossessed <input type="checkbox"/> Impounded <input type="checkbox"/> Other: _____ AUTO THEFT INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No							
ANTI-THEFT DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE: <input type="checkbox"/> Alarm <input type="checkbox"/> Steering Wheel Bar <input type="checkbox"/> Other: _____							
Owner: _____				Address: _____			
City: _____		State: _____		Zip Code: _____		Telephone: _____	
<input type="checkbox"/> Passenger Car	Make	Model	Year	Operator's Name	License Plate	State	Year
<input type="checkbox"/> Truck <input type="checkbox"/> Trailer							
Style (2dr 4dr etc.)	Vehicle Identification Number		Color (top)	Color (center)	Color (bottom)	Special Features	

Vehicle Information <input type="checkbox"/> Suspect <input type="checkbox"/> Victims'/Complainants' <input type="checkbox"/> Stolen <input type="checkbox"/> Burglarized <input type="checkbox"/> Recovered <input type="checkbox"/> Damaged <input type="checkbox"/> Improperly Parked							
<input type="checkbox"/> Repossessed <input type="checkbox"/> Impounded <input type="checkbox"/> Other: _____ AUTO THEFT INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No							
ANTI-THEFT DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE: <input type="checkbox"/> Alarm <input type="checkbox"/> Steering Wheel Bar <input type="checkbox"/> Other: _____							
Owner: _____				Address: _____			
City: _____		State: _____		Zip Code: _____		Telephone: _____	
<input type="checkbox"/> Passenger Car	Make	Model	Year	Operator's Name	License Plate	State	Year
<input type="checkbox"/> Truck <input type="checkbox"/> Trailer							
Style (2dr 4dr etc.)	Vehicle Identification Number		Color (top)	Color (center)	Color (bottom)	Special Features	

PROPERTY CODES: S=Stolen R=Recovered L=Lost F=Found D=Damaged E=Evidence O=Other:

Code	Quantity	Item Brand Name (Make and Model)	Description (Color, size, etc.)	Serial Number	Value	Recovered Value

Summary of Incident

Dispatched to said location in reference to
an Incident Exposure.

Reporting Officer <i>[Signature]</i>	Employee No. 4783	Supervisor <i>[Signature]</i>	Employee No. 4483	Date Approved 04/20/12
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The information I have provided is true and correct to the best of my knowledge. I ☐ DID ☐ DID NOT give anyone permission to commit this/these offenses against me and/or property in my control.
Furthermore, I ☐ DO ☐ DO NOT want criminal charges to be filed against anyone found to be involved in this incident.

Victim/Complainant Signature: _____ Date: _____

☐ Victim/Complainant refused to sign report.

SEXUAL ASSAULT REPORT

1 INCIDENT DATE 7/19/12 MM DD YY	2 AGENCY IDENTIFIER TX0310100	3 INCIDENT HOUR 5:12 pm	4 INCIDENT # 12042814
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5 VICTIM	AGE 10	SEX 1 <input type="checkbox"/> MALE 2 <input checked="" type="checkbox"/> FEMALE	RACE 1 <input checked="" type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	ETHNIC ORIGIN 1 <input checked="" type="checkbox"/> HISPANIC 2 <input type="checkbox"/> NON HISPANIC	NUMBER OF VICTIM(S) 1 (If more than 1, use additional forms)
OFFENDER	AGE 49	SEX 1 <input checked="" type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	RACE 1 <input checked="" type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	ETHNIC ORIGIN 1 <input type="checkbox"/> HISPANIC 2 <input checked="" type="checkbox"/> NON HISPANIC	NUMBER OF OFFENDER(S) 1 (If more than 1, use additional forms)

6 RELATIONSHIP (VICTIM TO OFFENDER) VICTIM WAS: (MARK 1)	(✓)	DATA ENTRY
Spouse		1
Common-Law Spouse		2
Parent		3
Sibling (brother or sister)		4
Child		5
Grandparent		6
Grandchild		7
In-Law		8
Stepparent		9
Stepchild		10
Stepsibling		11
Other Family Member		12
Friend		13
Acquaintance		14
Neighbor	✓	15
Babysitter		16
Boyfriend/Girlfriend		17
Homosexual Relationship		18
Ex-spouse		19
Employer		20
Employee		21
Otherwise Known		22
Stranger		23
Unknown		24

7 WEAPONS (MARK UP TO 3)	(✓)	DATA ENTRY
Firearm		1
Knife/Cutting Instrument		2
Blunt Object (club, baseball bat, pan, etc.)		3
Personal Weapons (hands, feet, fist, teeth, etc.)		4
Drugs/Narcotics/Sleeping Pills		5
Asphyxiation (strangulation, suffocation, etc.)		6
Other Specify	None	7

8 PHYSICAL INJURY (MARK 1)	(✓)	DATA ENTRY
None	✓	1
Apparent Minor		2
Apparent Major		3

9 OFFENSES (SELECT ALL THAT APPLY)	(✓)	DATA ENTRY
Section 21.02 (Continuous Sexual Abuse of Young Child or Children)		1
Section 21.11(a)(1) (Indecency with a Child by Contact)		2
Section 21.11(a)(2) (Indecency with a Child by Exposure)	✓	3
Section 22.011 (Sexual Assault)		4
Section 22.021 (Aggravated Sexual Assault)		5
Section 43.25 (Sexual Performance by a Child)		6

10 LOCATION	(✓)	DATA ENTRY
Bar/Night Club		1
Church/Synagogue/Temple		2
Commercial/Office Building		3
Construction Site		4
Convenience Store		5
Drug Store/Dr's Office/Hospital		6
Field/Woods		7
Government/Public Building		8
Highway/Road/Alley		9
Hotel/Motel	✓	10
Jail/Prison		11
Lake/Waterway		12
Parking Lot/Garage		13
Residence/Home		14
School/College		15
Other/Unknown		16

11 OFFENDER UNDER THE INFLUENCE OF : (MARK UP TO 2)	(✓)	DATA ENTRY
None	✓	1
Alcohol		2
Drugs		3

Brownsville Police Dept
AGENCY

PREPARED BY 107
INITIALS

RETURN TO: TEXAS DEPARTMENT OF PUBLIC SAFETY
UNIFORM CRIME REPORTING
P.O. BOX 4143
AUSTIN, TEXAS 78765-4143

SEXUAL ASSAULT REPORT

1 INCIDENT DATE 4/19/12 MM DD YY	2 AGENCY IDENTIFIER TX0310100	3 INCIDENT HOUR 5:12pm	4 INCIDENT # 17042814
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5 VICTIM	AGE 6	SEX 1 <input type="checkbox"/> MALE 2 <input checked="" type="checkbox"/> FEMALE	RACE 1 <input checked="" type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	ETHNIC ORIGIN 1 <input checked="" type="checkbox"/> HISPANIC 2 <input type="checkbox"/> NON HISPANIC	NUMBER OF VICTIM(S) 1 (If more than 1, use additional forms)
OFFENDER	AGE 49	SEX 1 <input checked="" type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	RACE 1 <input checked="" type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	ETHNIC ORIGIN 1 <input checked="" type="checkbox"/> HISPANIC 2 <input type="checkbox"/> NON HISPANIC	NUMBER OF OFFENDER(S) 1 (If more than 1, use additional forms)

6 RELATIONSHIP (VICTIM TO OFFENDER) VICTIM WAS: (MARK 1)	(✓)	DATA ENTRY
Spouse		1
Common-Law Spouse		2
Parent		3
Sibling (brother or sister)		4
Child		5
Grandparent		6
Grandchild		7
In-Law		8
Stepparent		9
Stepchild		10
Stepsibling		11
Other Family Member		12
Friend		13
Acquaintance		14
Neighbor	✓	15
Babysitter		16
Boyfriend/Girlfriend		17
Homosexual Relationship		18
Ex-spouse		19
Employer		20
Employee		21
Otherwise Known		22
Stranger		23
Unknown		24

7 WEAPONS (MARK UP TO 3)	(✓)	DATA ENTRY
Firearm		1
Knife/Cutting Instrument		2
Blunt Object (club, baseball bat, pan, etc.)		3
Personal Weapons (hands, feet, fist, teeth, etc.)		4
Drugs/Narcotics/Sleeping Pills		5
Asphyxiation (strangulation, suffocation, etc.)		6
Other Specify None		7

8 PHYSICAL INJURY (MARK 1)	(✓)	DATA ENTRY
None	✓	1
Apparent Minor		2
Apparent Major		3

9 OFFENSES (SELECT ALL THAT APPLY)	(✓)	DATA ENTRY
Section 21.02 (Continuous Sexual Abuse of Young Child or Children)		1
Section 21.11(a)(1) (Indecency with a Child by Contact)		2
Section 21.11(a)(2) (Indecency with a Child by Exposure)	✓	3
Section 22.011 (Sexual Assault)		4
Section 22.021 (Aggravated Sexual Assault)		5
Section 43.25 (Sexual Performance by a Child)		6

10 LOCATION	(✓)	DATA ENTRY
Bar/Night Club		1
Church/Synagogue/Temple		2
Commercial/Office Building		3
Construction Site		4
Convenience Store		5
Drug Store/Dr's Office/Hospital		6
Field/Woods		7
Government/Public Building		8
Highway/Road/Alley		9
Hotel/Motel	✓	10
Jail/Prison		11
Lake/Waterway		12
Parking Lot/Garage		13
Residence/Home		14
School/College		15
Other/Unknown		16

11 OFFENDER UNDER THE INFLUENCE OF: (MARK UP TO 2)	(✓)	DATA ENTRY
None	✓	1
Alcohol		2
Drugs		3

Brownsville Police Dept
AGENCY

PREPARED BY LSJ
INITIALS

RETURN TO: TEXAS DEPARTMENT OF PUBLIC SAFETY
UNIFORM CRIME REPORTING
P.O. BOX 4143
AUSTIN, TEXAS 78765-4143

Brownsville Police Department
Law Incident Narrative

Case Number: 12042814

OFFICER NAME: JULIO SANCHEZ JR.
OFFICER #: 4793
DATE: Thu Apr 19 19:19:54 CDT 2012

SUPERVISOR: *[Signature]*
OFFICER #: *4483*
DATE: *04/20/12*

Case Status: ARREST
Narrative:

ON 4-19-2012 DISPATCHED TO THE CAMERON MOTOR HOTEL LOCATED AT 912 E. WASHINGTON ST. IN REFERENCE TO INDECENT EXPOSURE. CONTACTED COMPLAINANT ESMERALDA SMITH D.O.B. 5-23-1983 WHO STATED THAT A MALE SUBJECT LATER IDENTIFIED AS SCOTT WILLIAM HESS D.O.B. 7-20-1962 WAS STANDING NAKED EXPOSING HIS PENIS INSIDE HIS ROOM # 40. COMPLAINANT STATED THAT THE SUBJECT WAS STANDING IN FRONT OF HIS WINDOW AND WAS MASTURBATING WHILE HER DAUGHTERS WERE PLAYING. COMPLAINANT STATED THAT HER DAUGHTERS WERE PLAYING OUTSIDE BY THE SUBJECTS ROOM AND THAT THE SUBJECT HIT THE WINDOW TO GET THEIR ATTENTION. COMPLAINANT STATED THAT WHEN HER DAUGHTERS AND SHE TURNED AROUND THEY SAW THE SUBJECT MASTURBATING. CONTACTED HALEY SMITH D.O.B. 9-27-2001 WHO STATED THAT SHE OBSERVED THE SUBJECT STANDING NAKED IN FRONT OF THE WINDOW. CONTACTED DESTINY SMITH D.O.B. 6-10-2005 WHO STATED THAT SHE ALSO SAW THE SUBJECT STANDING NAKED IN FRONT OF THE WINDOW. ANGELA FLORES D.O.B. 4-3-1975 ADVISED ME THAT SHE KNEW THE SUBJECT. WITNESS *w* STATED THAT SHE ALSO OBSERVED THE SUBJECT NAKED EXPOSING HIS PENIS. WITNESS STATED THAT THE SUBJECT WAS MASTURBATING IN FRONT OF HALEY AND DESTINY. SUBJECT STATED THAT HE WAS STANDING BY THE WINDOW. SUBJECT STATED THAT HE WAS WITHOUT A SHIRT BUT WAS WEARING SHORTS. ESMERALDA SMITH WANTED TO FILE CHARGES AGAINST THE SUBJECT. SUBJECT WAS PLACED UNDER ARREST, TRANSPORTED TO CITY JAIL AND BOOKED FOR INDECENT EXPOSURE 2 COUNTS AND INDECENCY WITH A CHILD (EXPOSES) 2 COUNTS. *[Signature]*

Brownsville Police Department
Law Incident Supplement Narrative

Case Number: 12-04-2814

OFFICER NAME: DET. DAVID NAVARRO JR.
OFFICER #: 5385
DATE: 05-15-2011

SUPERVISOR:
OFFICER #:
DATE:

Case Status: Patrol Arrest, submitted to D.A.'s office
Narrative:

I was instructed by Sergeant Juan Lopez # 3649 to secure statements in regards to a patrol arrest of Indecency with a child by sexual contact X2 and Indecent exposure X2 on 04-19-2012. I then secured audio/video statements from victims, Destiny Smith and Haley Smith at Monica's House. These statements were attached to the case file, along with a witness statement from Esmeralda Smith, mother of victims and also listed as victim for the Indecent exposure charge. As a notation, Angela Flores was also listed as a victim for the Indecent exposure charge could not be located for statement purposes.

This case was prepared and submitted to the Cameron County District Attorney's Office by this detective. I took no further action in this case.

REPORTER'S RECORD

VOLUME 1 OF 1 VOLUMES

TRIAL COURT CAUSE NO. 2012-DCR-1617-C

- - - - - x
 THE STATE OF TEXAS : IN THE DISTRICT COURT
 :
 VS : 197TH JUDICIAL DISTRICT
 :
 SCOTT WILLIAM HESS : CAMERON COUNTY, TEXAS
 :
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SENTENCING

On the 10th day of October, 2012, the following proceedings came on to be heard in the above-entitled and numbered cause before the Honorable MIGDALIA LOPEZ, Judge Presiding, held in Brownsville, Cameron County, Texas.

Proceedings reported by computerized machine shorthand.

A P P E A R A N C E S

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P R O C E E D I N G S

THE COURT: Mr. Sorola, you have Scott William Hess, 2012-DCR-1617. What says the State?

MR. GILMAN: Judge, we would ask you to follow the agreement.

MR. SOROLA: There is no agreement, Your Honor, it's a cold plea.

THE COURT: It's a cold plea.

MR. GILMAN: I'm sorry. Judge, we would ask that you find him guilty and give him 10 years TDC.

THE COURT: It is what degree felony?

MR. GILMAN: It's 2 to 20, Judge.

THE COURT: 2 to 20.

MR. GILMAN: No, I'm sorry, excuse me, it's 2 to 10, I made a mistake.

MR. SOROLA: That's correct, it's exposure, not touching. Your Honor, this was or is an indecent exposure case. [My client has pled guilty from the very beginning.] He does suffer from bipolar disorder and sleep disorder. [I did have him interviewed by Doctor Moron.] A report is in the Court's file for the review of this Court. He does make reference to the medications that my client is on.

[Your Honor, I know the criminal history looks extensive. My client has had quite a few arrests.

1 But if we look at the convictions, there aren't that many
2 convictions. He has a misdemeanor assault in 1999 where
3 [he was given 15 months probation.] In 2008, it was
4 interference with the duties of a police officer. He
5 received 45 days county jail, credit for time served.
6 This is a misdemeanor also. [And then there is the 2012
7 criminal trespass which he received 30 days County Jail.]
8 Your Honor, his felony history, there is a 1992 possession
9 of a controlled substance which my client received a three
10 year suspended sentence. The arrest in Indiana, which was
11 subsequent to the 1992, was for the same offense. It was
12 in Arkansas, the first one. It was a '95 felony assault
13 which was rejected.

14 So basically, Your Honor, my client hasn't
15 been convicted of a lot of offenses. Judge, none of these
16 offenses have to do with a sex crime. My client was off
17 of his medication at the time in a hotel, and he is not
18 denying that he exposed himself to the young children who
19 were playing outside. We would ask the Court to consider,
20 and he does qualify for, intensive supervision,
21 surveillance, and we would ask for a mental health case
22 load and probation in this case, Your Honor.

23 THE COURT: Is he taking any medication?

24 MR. SOROLA: He is now, Your Honor, [and
25 that's reflected in Doctor Moron's report.] Those

1 medications are Stelazine, Trazodone and Cogentin.

2 THE DEFENDANT: Cogentin.

3 MR. SOROLA: He has the mood instability
4 and the insomnia, he will go two or three months without
5 sleeping, so he needs medication to sleep. At the time
6 that he was in this hotel when this incident happened, he
7 hadn't slept in how long?

8 THE DEFENDANT: Four months.

9 MR. SOROLA: I mean, it's not normal what
10 he did, Your Honor. But given the conditions that he has,
11 we would ask that he be placed on some type of supervision
12 where he can be monitored.

13 THE COURT: Does he work?

14 MR. SOROLA: He has a CDL, Your Honor.

15 THE COURT: Does he work?

16 MR. SOROLA: When is the last time you
17 worked?

18 THE DEFENDANT: January.

19 MR. SOROLA: He has been in custody for
20 quite sometime, Your Honor. He still does --

21 THE COURT: Doing what, sir?

22 THE DEFENDANT: I am a truck driver, ma'am.

23 MR. SOROLA: He has a commercial driver's
24 license, and that's what he has done basically all of his
25 life.

1 THE COURT: You do have an extensive
2 criminal record, and sometimes you haven't made it on
3 probation. They have revoked you and they have given
4 you --

5 THE DEFENDANT: I have never had a revoked
6 probation, ma'am.

7 THE COURT: Hold on, let me look. You may
8 be correct, let me make sure.

9 MR. SOROLA: I believe he is correct on
10 that, Your Honor.

11 THE COURT: You were sentenced in the
12 interference with public duties to 45 days County Jail,
13 criminal trespass [30 days County Jail], you were on
14 probation for three years out of --

15 THE DEFENDANT: Arkansas.

16 THE COURT: -- Arkansas, Little Rock.]
17 You're correct.

18 THE DEFENDANT: I am 50, Your Honor.

19 THE COURT: You look it.

20 THE DEFENDANT: Thank you, Your Honor.

21 THE COURT: That tells me that you have led
22 a very rough life, you know?

23 THE DEFENDANT: Colorful would be the word,
24 ma'am.

25 THE COURT: Okay. I'll accept that.

1 MR. SOROLA: Doctor Moron's report says
2 that he was hospitalized four years ago in the Rio Grande
3 State Center, and I believe Mr. Hess has told me he has
4 been there twice, is that correct?

5 THE DEFENDANT: Yes. And you asked me
6 about my hospitalization last time here, Your Honor, and I
7 told you that I had a nervous breakdown at 19 years old
8 coming out of puberty, I stopped sleeping. I didn't get a
9 chance to answer your question about hospitalization.
10 Over a three year period, I was in four hospitals. In
11 Michigan where I am from, and in Virginia where I had an
12 incident during spring break out there. So, I have been,
13 I lost three years of my life in the hospitals trying to
14 figure out what medicine works on me. And I've been an
15 outpatient ever since, Your Honor. And the only trouble I
16 have is when tropical closed my cases for missing
17 appointments. It's hard to schedule them.

18 THE COURT: Do you have any family here?

19 THE DEFENDANT: Yes, ma'am, I have a wife
20 and a daughter.

21 THE COURT: No, here today.

22 MR. SOROLA: In the courtroom?

23 THE COURT: Yes, that's what I am asking.

24 THE DEFENDANT: They are not here. My wife
25 works.

1 THE COURT: Are you married or are you
2 divorced?

3 THE DEFENDANT: Well, I am engaged to
4 remarry my ex-wife.

5 THE COURT: So you are divorced?

6 THE DEFENDANT: Divorced, yes, ma'am.

7 THE COURT: Okay. Have a seat, sir. I'll
8 come back. I would like to speak to both attorneys in
9 chambers when we get a chance.

10 **(Brief pause in proceedings)**

11 THE COURT: Back on the record on Scott
12 William Hess. Mr. Hess, I'm going to give you 10 years
13 TDC.

14 THE DEFENDANT: I can't sleep in jail, Your
15 Honor.

16 THE COURT: You may be seated.

17 **(RECESS)**

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1 THE STATE OF TEXAS:

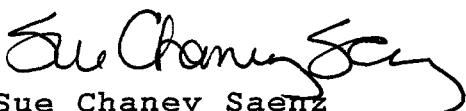
2 COUNTY OF CAMERON:

3 CERTIFICATE OF COURT REPORTER

4 I, SUE CHANEY SAENZ, Official Court Reporter in and
5 for the Judicial District Courts of Cameron County, State
6 of Texas, do hereby certify that the above and foregoing
7 contains a true and correct transcription of all portions
8 of evidence and other proceedings requested in writing by
9 counsel for the parties to be included in this volume of
10 the Reporter's Record, in the above-entitled and numbered
11 cause, all of which occurred in open court or in chambers
12 and were reported by me.

13 I further certify that this Reporter's Record of the
14 proceedings truly and correctly reflects the exhibits, if
15 any, admitted by the respective parties.

16 WITNESS MY OFFICIAL HAND on this the 17th day of
17 June, 2015.

18 
19 /S/ Sue Chaney Saenz
20 SUE CHANEY SAENZ, Texas CSR
21 Official Court Reporter, Deputy
22 Cameron County, Texas
23 c/o 107th District Court
24 974 East Harrison Street
25 Brownsville, Texas 78520
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Expiration Date: 12/31/16

SUE CHANEY SAENZ, C.S.R.

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